

10753

3

Affidavit and Revenue Certification
Kiwanis Club of Cortana Baton Rouge Foundation, Inc.
East Baton Rouge Parish
Baton Rouge, LA

**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 *to be filed with the Legislative Auditor within 90 days after the close of the fiscal year*. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(1)(1)(c)(i).

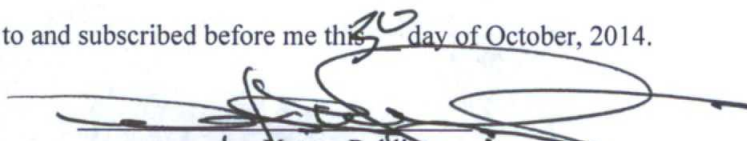
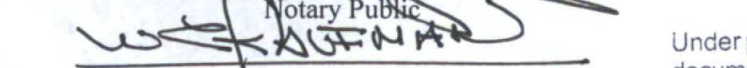
Personally came and appeared before the undersigned authority, Brent R. Salter (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Kiwanis Club of Cortana Baton Rouge Foundation, Inc.'s Public Funds as of September 30, 2014 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Brent R. Salter, (officer name), who, duly sworn, deposes and says that Kiwanis Club of Cortana Baton Rouge Foundation, Inc.(entity name) received \$50,000 or less in Public Fund revenues for the year ended September 30, 2014, and accordingly, is not required to have an audit for the previously mentioned year.


Officer Signature

Sworn to and subscribed before me this 30 day of October, 2014.


Notary Public


Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date NOV 12 2014

Officer's Name Brent R. Salter
Officer's Title Treasurer
Address 8550 United Plaza Blvd. Suite 600
Baton Rouge, La 70809

Ph/Fax E-mail 225-924-1772/225-927-9075/bsalter@psa.com

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor-Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement A

Kiwanis Club of Cortana Baton Rouge Foundation, Inc. _____ (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended September 30, 2014 (Year-End)

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|--------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. City of Baton Rouge | \$ | \$ 7,000 | \$ 7,000 |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ | \$ 7,000 | \$ 7,000 |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Production Costs - | \$ | \$ | \$ |
| 8. Baton Rouge Christmas Parade | | 7,000 | 7,000 |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ | \$ 7,000 | \$ 7,000 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | \$ 0 | \$ 0 |
| 15. Fund Balance at beginning of year | \$ | \$ 0 | \$ 0 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | | 0 | 0 |
| -This amount also goes on line 12, Statement B | \$ | \$ | \$ |

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Office of Legislative
auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement B

Kiwanis Club of Cortana Baton Rouge Foundation, Inc.

Name) (Agency

Balance Sheet, on September 30, 2014 (Year-End)

| | General Fund | Other Fund | Total |
|---|-----------------|---------------|-------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$ | \$ 0 | \$ 0 |
| 2. Investments (fair value) on hand | | | |
| 3. Office furnishings (Cost of desks, etc) | | | |
| 4. Equipment (Cost of fax machine, etc) | | | |
| 5. Other (brief description) | | | |
| 6. Total Assets (add lines 1 - 5) | \$ | \$ 0 | \$ 0 |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. | \$ | \$ 0 | \$ 0 |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | | | |
| 12. Fund balance (amount from Line 16 on Statement A) | | | |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ | \$ 0 | \$ 0 |

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Office of Legislative auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397